

**APPLICATION FOR LICENSURE AS A DOCTOR OF OPTOMETRY
BY EXAMINATION AS PROVIDED BY
CHAPTER 636 OF THE NEVADA REVISED STATUTES**

IMPORTANT NOTICE:

Completion of this application form is necessary for consideration for licensure under Chapter 636 of the Nevada Revised Statutes. Disclosure of this information is voluntary. Failure to disclose all requested information may result in this form not being processed and may subsequently result in denial of this application.

All candidates for licensure have an obligation to update and supplement the information and responses on this application if they change. Failure to supplement the information and responses provided on this application may result in denial or other appropriate action. All information provided must be accurate. Please note that the information provided on this application is subject to the public information laws of the State of Nevada.

Carefully follow the directions on this application form. In addition, note the following:

1. Type or print legibly with blue or black ink only.
2. The application and exam fees are NOT refundable.
3. Disclosure of your U.S. social security number, if you have one, is mandatory. This disclosure is mandated by NRS 636.157.
4. If the name shown on your supporting documents is different from that shown on your application, you must submit proof of legal name change, a certified copy of your marriage license, divorce decree, affidavit or court order.

Supporting Documentation and Fees:

\$250 application/examination fee

Transcript[s] of undergraduate education, sent from the institution[s]

Transcript[s] of optometry school education, sent from the institution[s]

Wallet or passport size colored photo of your self, taken within 30 days of the submission of this application

Your application is **NOT** considered complete until all supporting documents and fees have been received by the Nevada State Board of Optometry

_____ Applicant's Signature

PART I: Applicant Identifying Information

Complete this section of the form by providing all the requested information. You must notify the Nevada Board of Optometry, in writing, of any address changes after you file

this application in order to receive any further information.

1. Last Name First Name MI Suffix (Jr.) Social Security Number

2. Current Address (if Post Office Box, you must provide a street address as well)

3. Permanent Mailing Address, including postal code if different from current address listed above

4. Identify Preferred mailing address:

☐ Current

☐ Permanent

Note: You must select one. The preferred mailing address shall be available to the public.

5. Identify any maiden name, surname, or any other names or aliases you have been known by or used, and identify the reason for your name change.

6. Place of Birth (City, County, State, other jurisdiction, Country) Date of Birth MM/DD/YYYY

7. Contact Information

(1) Telephone Numbers: Daytime: _____ Evening _____

(2) E-Mail Address: _____

(3) Fax number: _____

8. Citizenship:

(A) Are you a United States Citizen?

☐ Yes

☐ No

Signature

Applicant's

(2) If you answered NO to question 8(A) above, are you:
(Please check one of the following.)

- ☐ A qualified alien (as defined in 8 U.S.C.A. Sec. 1641).
- ☐ A nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A. Sec. 1101 et. Seq.)
- ☐ An alien who is paroled into the United States under 8 U.S.C.A. Sec. 1182(d)(5) for less than one year.
- ☐ A foreign national not physically present in the United States.
- ☐ Other - Please provide detailed explanation.

(3) Do you intend to seek entry into the United States for the purpose of performing labor as a healthcare worker, other than an optometrist?

- ☐ Yes
- ☐ No

PART II. Education Information

1. Name of Last Secondary School Attended: _____

Location of Last Secondary School Attended: (City and State/Jurisdiction):

Date of Graduation _____ or Date G.E.D. Earned _____: (Check One)

Jurisdiction where earned: _____

_____/_____
Month Year

2. Post Secondary Education History:

Starting with your undergraduate education, list all schools, colleges, and universities attended, whether completed or not, in chronological order.

Applicant's Signature

Name of College or University	Dates of Attendance From	To	Graduated? Yes/No	Degree Earned/ Major
_____	Mo/Yr	Mo/Yr	_____	_____
_____	Mo/Yr	Mo/Yr	_____	_____
_____	Mo/Yr	Mo/Yr	_____	_____
_____	Mo/Yr	Mo/Yr	_____	_____
_____	Mo/Yr	Mo/Yr	_____	_____

PART III: Record of Licensure Information

If you have ever been licensed, certified, or registered to practice as an optometrist in any other jurisdiction, complete the information requested below. You must include jurisdictions both within and outside the United States. Failure to disclose all licenses, certifications, or registrations held may result in denial of your application, or other appropriate action.

Jurisdiction	License Number	Date of Issuance	Status
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PART IV: PERSONAL HISTORY INFORMATION

Please answer each of the following questions by putting a (✓) in the appropriate box. You must answer each question with a "Yes" or "No" response as no other response is acceptable. All "Yes" answers **MUST** be explained in detail in a separate **SIGNED** and **NOTARIZED** affidavit. The affidavit must include all relevant dates and identify the relevant jurisdiction and/pr entity involved. Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

Signature Applicant's

1. Have you ever had any application for any professional license refused or denied by any licensing authority? ☐ Yes ☐ No
2. Have you ever been refused or denied the privilege of taking an examination required for any professional licensure? ☐ Yes ☐ No
3. Have you ever voluntarily surrendered your optometry license? ☐ Yes ☐ No
4. Have you ever allowed your optometry license to lapse, or had a limited license issued by any optometric authority? ☐ Yes ☐ No
5. Have you ever voluntarily surrendered any other professional license? ☐ Yes ☐ No
6. Have you ever allowed any other professional license to lapse, or had a limited license issued by any other licensing authority? ☐ Yes ☐ No
7. Has your optometry license ever been revoked? ☐ Yes ☐ No
8. Have you ever been the subject of disciplinary action with regard to your optometry license? ☐ Yes ☐ No
9. Have you ever had any other professional license revoked? ☐ Yes ☐ No
10. Have you ever been the subject of disciplinary action by any licensing agency with regard to any other professional license? ☐ Yes ☐ No
11. To your knowledge, have any unresolved or pending complaints ever been filed against you by any optometric licensing authority? ☐ Yes ☐ No
12. Have you ever had a registration issued by a controlled substance authority revoked, suspended, surrendered, limited, or restricted? ☐ Yes ☐ No
13. Have you ever voluntarily surrendered a registration issued by a controlled substance authority? ☐ Yes ☐ No
14. Has your application for accreditation by the DEA ever been denied? ☐ Yes ☐ No
15. Has the DEA ever disciplined your certification, or have you ever voluntarily surrendered it, allowed it to lapse, or had a limited certificate issued by the DEA? ☐ Yes ☐ No
16. Is there any disciplinary action pending against you by any licensing jurisdiction, Drug Enforcement Agency, or any state drug enforcement authority? If YES, where and when? ☐ Yes ☐ No

Applicant's Signature

17. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a felony (or criminal offense) in any state or in a federal court (other than minor traffic violations) whether or not sentence was imposed or suspended? ☐ Yes ☐ No

If YES, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer.

18. Have you ever been pardoned from a felony (or criminal) conviction? ☐ Yes ☐ No
19. Have you ever had a record expunged from a felony (or criminal) conviction? ☐ Yes ☐ No
20. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a violation of any federal or state drug law(s) or rule(s) whether or not sentence was imposed or suspended? ☐ Yes ☐ No
21. Are you being treated or have you in the last 5 years been treated for a drug or alcohol addiction or participated in a rehabilitation program? ☐ Yes ☐ No

PART VI. Work History/Practical Experience

Complete each of the following items. List all employment chronologically for the past five [5] years, beginning with the most recent. Explain any breaks in employment history of greater than 6 months.

1. Name of Business/Institution:

Job Title:

Address/Phone Number of Business/Institution

Description of Duties Performed:

Name of Supervisor:

Reason for employment termination/resignation?

Dates of Employment

From: _____ To: _____

Applicant's Signature

2. Name of Business/Institution:

Job Title:

Address/Phone Number of Business/Institution

Description of Duties Performed:

Name of Supervisor:

Reason for employment termination/resignation?

Dates of Employment

From: _____ To: _____

3. Name of Business/Institution:

Job Title:

Address/Phone Number of Business/Institution

Description of Duties Performed:

Name of Supervisor:

Reason for employment termination/resignation?

Dates of Employment

From: _____ To: _____

4. Name of Business/Institution:

Job Title:

Address/Phone Number of Business/Institution

Description of Duties Performed:

Name of Supervisor:

Reason for employment termination/resignation?

Dates of Employment

From: _____ To: _____

Applicant's Signature

PART VII. Child Support Information

In accordance with NRS 636.159 applicants for licensure must certify, under penalty of perjury:

You must check one of the following:

1. ☐ I currently have no obligation for child support
2. ☐ I am currently obligated by Court Order for the payment of child support
3. ☐ No arrearage exists on the child support obligation provided for by Court Order
4. ☐ I am currently repaying child support arrearage pursuant to an agreement with the District Attorney or other public enforcement agency, and my ongoing monthly obligation is current
5. ☐ There currently exists an arrearage on the Court ordered child support payments

If you mark "2," you must choose the response that applies to your child support obligation. Failure to choose a response will result in the denial of your application.

PART VIII. Certifying Statement

"By virtue of filing this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form, that I have personally completed this form, that the information given in this application is true, correct, and complete to the best of my knowledge, and **that the photograph attached hereto is a true likeness of myself.** I hereby authorize the Nevada State Board of Optometry to verify any and all information contained in this application, including information maintained in applicable data banks. **This application and signature shall act as authorization of entities in possession of applicable information to release such information to the licensing authority.**"

Date: _____

Signature of Applicant

Printed Name of Applicant

Subscribed and sworn to before me this ____ day of _____, 200__.

Notary Public

[ATTACH PHOTOGRAPH HERE]

